

Workplace Health and Safety: Policy and Better Practice Guide - NSW Health

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Functional Sub group Personnel/Workforce - Occupational Health & Safety

Summary Purpose of document is to ensure that public health organisations have an occupational health and safety policy and comprehensive management system, consistent with OHS legislation, which identifies, assesses, eliminates or controls workplace risks to health and safety.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Ambulance Service, Public Hospitals

Distributed to Public Health System, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals

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NSW Health Workplace Health and Safety: Policy and Better Practice Guide

This circular supersedes circular 2001/22 *Workplace Health and Safety: A Better Practice Guide*.

The NSW Health *Workplace Health and Safety: Policy and Better Practice Guide* is a compliance support policy that must be implemented by all public health organisations. The purpose of the document is to ensure that they have in place an occupational health and safety (OHS) policy and comprehensive management system, consistent with OHS legislation, which identifies, assesses, eliminates or controls workplace risks to health and safety.

The document provides guidance to all levels of staff on current best practice in OHS management. It includes information on changes to the OHS legislation since 2001, incorporates the requirements of the relevant EQIP criteria and provides detailed guidelines for OHS risk management in NSW Health.

The policy and better practice guide reflects the NSW Government policy for improving OHS across the public sector, as articulated in NSW Premier's Department document *Taking Safety Seriously* 2002. In addition, it will provide a strong platform for the 2005 to 2008 stage in the whole of government improvement initiative, due to be launched in March 2005.

The policy and better practice guide is intended to take the lead in promoting and managing workplace safety and is supported by a number of other NSW Health publications listed at the beginning of the document. It will provide assistance when developing local OHS management systems, supporting procedures and implementation strategies.

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Director-General

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

WORKPLACE HEALTH AND SAFETY

POLICY AND BETTER PRACTICE GUIDE

November 2004

NSW  **HEALTH**

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1.0 About this document

- 1.1 Title: **Workplace Health and Safety: Policy and Better Practice Guide**
- 1.2 Responsibility: Employee Relations Policy
- 1.3 Version: November 2004
- 1.4 Updates and feedback: Feedback is welcome and should be addressed to the Manager, Employee Relations Policy, NSW Department of Health.
- 1.5 Related Documents: **NSW Health Policies:**
- | | |
|-----------|---|
| C95/49 | Guidelines and Competencies for the Handling of Cytotoxic Drugs and Related Waste in Health Care Establishments (under review) |
| C97/61 | Policy and Guidelines for the Safe Use of Glutaraldehyde in NSW Public Health Care Facilities |
| C98/76 | Policy and Guidelines for the Safe Use of Hazardous Substances in NSW Public Health Care Facilities (under review) |
| C99/45 | Policy Framework and Best Practice Guidelines for the Development of Health Service Grievance Management Systems (under review) |
| C2000/42 | Policy Framework and Better Practice Guidelines for the Development of Employee Assistance Programs (under review) |
| C2000/68 | Managing for Performance – A Better Practice Approach for NSW Health |
| C2000/89 | Employment Health Assessment Policy and Guidelines |
| C2000/91 | NSW Health Policy on Orientation |
| C2000/99 | Policy Framework and Guidelines for the Prevention and Management of Latex Allergy (under review) |
| C2001/5 | The Occupational Health, Safety and Rehabilitation Numerical Profile |
| C2001/74 | A Policy Framework for Recruitment and Selection |
| C2001/109 | Joint Management and Employee Association Policy Statement on Bullying, Harassment and Discrimination |
| C2001/111 | Policy and Best Practice Guidelines for the Prevention of Manual Handling Incidents in NSW Public Health Services |
| C2001/119 | Best Practice Guidelines for Including Health and Safety in the Engagement, Management and Evaluation of Contractors in Health Services |
| C2002/19 | Effective Incident Response: A Framework for Prevention and Management in the Health Workplace |
| C2002/45 | Infection Control Policy |
| C2003/48 | Zero Tolerance Response to Violence in the NSW Health Workplace |
| C2003/50 | NSW Health Training Program <i>A Safer Place to Work: Preventing and Managing Violent Behaviour in the Health Workplace</i> |
| C2003/71 | Pre-Employment Screening of Security Staff |
| C2003/75 | Policy and Procedures for Injury Management and Return-to-Work |
| C2003/88 | Reportable Incident Briefs to the NSW Department of Health |

1.5 Related Documents: **NSW Health Policies: (continued)**

- C2003/92 Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities (Security Manual 2003)
- C2004/22 Provision of First Aid Facilities and Personnel
- C2004/26 WorkCover NSW Reporting Requirements: Occupational Exposures to Blood-Borne Pathogens

External Publications:

Taking Safety Seriously 2ND edit. 2002 Premier's Department
Occupational Health and Safety Improvement Standard 2002 Premier's Department

The Equip Guide Third Edition 2003

www.achs.org.au

Premier's Department circular 2003-37 *Occupational Stress – Hazard Identification and Risk Management Strategy*

www.premiers.nsw.gov.au

Risk Management at Work 2001 WorkCover NSW

OHS Consultation Code of Practice 2001 WorkCover NSW

Due Diligence at Work: A checklist for action on workplace health and safety for company directors and managers 1997 WorkCover NSW

When an Inspector Calls Guide 2002 WorkCover NSW

Other WorkCover Guides and Codes of Practice

www.workcover.nsw.gov.au

Guidelines for Managing Risk in the Healthcare Sector HB 228:2001
Standards Australia

Risk Management AS/NZS 4360:1999 (under review)

Occupational Health and Safety Systems – General guidelines on principles, systems and supporting techniques AS/NZS 4804:2001

www.standards.com.au

Occupational Health and Safety Essentials for Nurses 2004 NSW Nurses' Association

Workers Compensation Essentials for Nurses 2004 NSW Nurses' Association

www.nswnurses.asn.au

1.6 Additional References:

Department of Health

www.doh.health.nsw.gov.au (external users)

www.internal.health.nsw.gov.au (internal users)

New South Wales WorkCover Authority

www.workcover.nsw.gov.au

National Occupational Health and Safety Commission

www.nohsc.gov.au

Department of Commerce

www.commerce.nsw.gov.au

2.0 Introduction

- 2.1 Purpose and scope of document:** The purpose of this document is to provide guidance to all levels of staff on current best practice in occupational health and safety.

The document outlines NSW Health policy in relation to OHS management, provides information on the changes to the OHS legislation as outlined in the NSW Occupational Health and Safety Regulation 2001, incorporates the requirements of the relevant EQUIP criteria (5.1.1) and provides detailed guidelines for OHS risk management in NSW Health.

Statistics on work incidents, while sobering, do not reflect the full impact on employees, their families and colleagues. In addition to the human cost, workplace incidents resulting in illness or injury to staff and others impose a financial cost on employees, employers and the community at large. It is in everyone's interests to reduce the rate of workplace injuries and the cost of workers compensation.

Employees are our most valuable resource. For the protection of employee health and welfare, workplace health and safety must be given a high priority within each public health organisation. This requires strong leadership and demonstrated commitment from Chief Executives and managers, and an awareness by all staff of their responsibilities under the OHS legislation in NSW.

This policy and better practice guide is intended to help take the lead in promoting and managing workplace safety. The guide reflects the NSW Government framework for improving OHS across the public sector, as articulated in NSW Premier's Department document *Taking Safety Seriously* 2002 and incorporates advice from OHS and risk management practitioners on implementation issues associated with better practice principles.

2.2 Definitions: **Audit:**

A systematic evaluation against defined criteria to determine whether activities and related results conform to planned arrangements and whether these arrangements are being implemented effectively and are suited to achieving the organisation's policy and objectives.

Consultation:

Sharing of relevant information about OHS and welfare with employees, giving employees the opportunity to express their views and to contribute in a timely fashion to the resolution of OHS and welfare issues at their place of work, and ensuring that the views of employees are valued and taken into account.

Fund Manager:

The Fund Manager is contracted by Treasury to provide a wide range of services to meet the needs of the Treasury Managed Fund scheme. This scheme is an indemnity scheme covering all the insurable risks of participating government agencies.

Hazard:

A source or a situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment, or a combination of these.

Hazard Identification:

The process of recognising that a hazard exists and defining its characteristics.

2.2 Definitions: (contin) **Health Surveillance:**

Monitoring of individuals for the purpose of identifying changes in health status that may be due to occupational exposure to a hazard.

Public Health Organisation:

Refers to an Area Health Service, statutory health corporation, affiliated health organisation and the Ambulance Service of NSW.

Incident:

Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.

Injury management:

The early coordination of activities (ie treatment, rehabilitation, retraining, claims management and employment management practices) for the purpose of achieving a timely, safe, durable return-to-work for the worker.

NSW Health:

Refers collectively to all Area Health Services, all statutory Health corporations, all affiliated health organisations and the Ambulance Service of New South Wales

OHS Management System:

That part of the overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the OHS policy, and so managing the risks associated with the business of the organisation.

OHS Objectives:

Overall OHS goal in terms of OHS performance, arising from the OHS policy that an organisation sets itself to achieve, and which are quantifiable where practicable.

OHS Performance Management:

The measurable results of the OHS management system, related to the organisation's control of health and safety risks, based on its OHS policy, objectives and targets. This includes measurement of OHS management activities and results.

Place of Work:

Premises, or any other place, where persons perform work.

Return-to-Work:

The managed process of maintaining ill or injured employees in, or returning them to, suitable employment. The process focuses on an early and safe return of the ill or injured employee to the workplace.

Risk:

The likelihood and consequence of a potential injury or harm occurring.

Risk Assessment:

Overall process of estimating the magnitude of risk arising from a hazard and deciding what actions will be taken.

Risk Control:

The part of risk management that involves the implementation of policies, standards, procedures, equipment and physical changes to eliminate or minimise adverse risks.

Risk Management:

The process of identifying and managing risks to avoid exposure or loss.

3.0 Workplace Health and Safety Policy Framework

3.1 Cost of Occupational Illness and Injury

Workplace illness and injury incurs significant costs to all concerned.

Occupational illness and injury generates a range of financial and non-financial costs. Reducing the number of injuries benefits the employer, employees and their families, colleagues, supervisors, and the workplace itself. Sound OHS practice results in improved productivity, reduced costs, and improved workplace efficiencies.

The financial costs of occupational illness and injury are divided into direct and indirect costs.

3.1.1 Direct Costs

Direct costs to the employer are reflected in workers compensation premiums.

Direct costs are those directly attributable to a worker's injury, irrespective of whether the costs are met by public health organisations or by the Fund Manager.

Direct costs of occupational illness and injury include:

- Lost salaries and wages
- Compensation for permanent impairment, pain and suffering
- Medical treatment and rehabilitation
- Legal expenses
- Investigation costs
- Premium shortfalls that result in decreased funding for service delivery.

These costs are reflected in the Workers Compensation premiums paid by public health organisations. Consequently, a lowering of direct costs will reduce future workers compensation premiums.

However, the best way to reduce workers compensation is to implement sound OHS management to focus on injury prevention, and to instil a safety culture in public health organisations.

3.1.2 Indirect Costs

Indirect costs are estimated at between three and seven times higher than direct costs.

Indirect costs are significantly higher than direct costs. The 1999 Industry Commission Inquiry into Occupational Health and Safety estimated the average ratio of indirect to direct costs at approximately three to one. The National Occupational Health and Safety Commission estimates the ratio at between five and seven to one. Irrespective of the ratio, the indirect cost is substantial.

These costs, which are often absorbed by the organisation and usually not acknowledged, may include:

Indirect costs are often absorbed and frequently not acknowledged or captured by employers.

- Internal administration of claims
- Internal incident investigation
- Providing suitable duties on a supernumerary basis to an injured employee
- Personal pain, disruption to personal life, and loss of career prospects for employees
- Loss of employees' skill and expertise
- Salary and wages for replacement staff
- Recruitment and training of new employees
- Fines (including personal penalties) and legal fees associated with breaches of legislation
- Deterioration of staff morale and its impact on productivity
- Increased staff turnover
- Loss or damage to equipment and property
- Loss of business and/or goodwill.

3.2 Policy Statement

Staff and users of the public health system have the right to be safe.

Public health organisations must have in place an OHS management system that effectively identifies, assesses and controls workplace risks.

Public health organisations must consult with staff when developing, implementing and evaluating local OHS management systems.

There must be clear accountabilities for OHS management, supported by appropriate training.

OHS must be considered in local planning processes.

OHS obligations extend to all users of the premises.

The OHS management system must be regularly reviewed for ongoing effectiveness, and appropriate improvements made.

Good record keeping is necessary to support review and continuous improvement.

3.3 Policy Framework

The policy and guide are consistent with NSW OHS legislation, related whole of government initiatives and relevant ACHS criteria.

Other NSW Health publications of assistance are listed in section 1.5.

All staff, contractors, volunteers, patients, visitors and other users of the NSW Health system have the right to work in an environment that is safe. This includes facilities that are designed to eliminate risks where possible and which are consistent with the provision of a safe and healthy workplace.

Each public health organisation must have in place an OHS policy and an adequately resourced and supported comprehensive OHS management system, consistent with NSW OHS legislation, that identifies, assesses and eliminates, or controls workplace hazards and risks to health and safety. The key objective of the system is to provide and maintain, as far as practicable, safe equipment and substances, systems of work and safe working environments, whenever and wherever health care is being delivered.

Public health organisations must consult with staff throughout all stages of this process to enable them to contribute to decisions that affect their health and safety.

Key components of the OHS management system must include clear allocation of OHS responsibilities and accountabilities to managers and staff, supported by provision of appropriate information, instruction and training.

The OHS management system must incorporate OHS considerations in all significant local policy development, planning and decision making processes, including procurement and clearly link to local incident and post incident management systems.

Mechanisms must be in place to ensure that staff, visitors and other users of the health workplace, including external service providers, are aware of their OHS responsibilities and comply with all relevant public health organisation OHS procedures and requirements.

The OHS management system and its various components must be measured, evaluated and reviewed regularly to ensure that they continue to meet their objectives, and improvements made as necessary to ensure work systems and environments continue to be safe for staff, patients and visitors, and relevant legislative requirements are met. This will require the maintenance of appropriate OHS records, as reliable record keeping underpins the evaluation and review process, and is necessary to ensure related legislative reporting requirements are met.

This document provides detailed information on the OHS risk management process, based on existing OHS legislative requirements. It also incorporates the requirements of the relevant EQUIP criteria (5.1.1) and is consistent with the NSW Government framework for improving OHS across the public sector, as articulated in NSW Premier's Department *Taking Safety Seriously* 2002.

The policy and better practice guide is supported by a number of other NSW Health publications, listed in section 1.5, all of which will provide assistance when developing local OHS management systems, supporting procedures and implementation strategies.

4.0 Workplace Health and Safety Model

4.1 Introduction to Workplace Health and Safety

A comprehensive approach to OHS requires a safety management system.

Outcomes of effective workplace safety management systems include:

- *Improvements in employee performance*
- *Low incidence of workplace illness and injury*
- *Improved return to work rates*
- *Improved claims management*
- *Improved emergency response.*

Workplace health and safety should be approached in a systematic manner through the establishment and development of a safety management system. The delivery of quality health care to patients is intrinsically linked to the ability to provide a safe working environment for staff.

Safety management systems incorporate all aspects of OHS, including:

- Organisational culture
- Consultation and communication
- Incident prevention
- Incident management
- Post incident management
- Documentation
- Evaluation, review and continuous improvement.

The greatest emphasis should be placed on prevention. Effective workplace illness and injury prevention will help make the workplace safer, reduce indirect and direct costs and redirect resources to core business.

This Guide outlines a safety management approach, including better practice principles that should be in place in each public health organisation.

4.2 OHS Risk Management

OHS risk management is the systematic application of management policies, procedures and practices to the tasks of identifying, assessing, eliminating or controlling and monitoring risks.

The WorkCover publication 'Risk Management at Work' (2001) and A/NZS 4360:1999 provide detailed information on risk management.

The Risk Assessment Code of Practice 2001 provides practical advice on assessing the level of risk.

OHS risk management involves the culture, processes and structures directed towards managing both the potential for, and actual workplace incidents.

The WorkCover publication 'Risk Management at Work' (2001) focuses specifically on the identification of workplace hazards, assessment of the risks associated with the hazard, and elimination or control of the risks, and should be closely referred to when managing OHS risks in the workplace. The Risk Assessment Code of Practice 2001 also provides practical advice on assessing the level of risk.

OHS risk management should be an integral part of good management practice. It needs to be woven into each organisation's culture, and is far less effective if it is managed as a program separate from the core operations of the business.

The risk management process can be applied to any situation where an undesired or unexpected outcome could be significant, or a risk can be identified. Integrating the risk management process into an organisation's overall philosophy, practices and business plans should be a primary focus.

The Australian/New Zealand Standard AS/NSZ 4360:1999–Risk Management specifies the key elements of the generic risk management process and may also be of assistance in identifying, assessing, eliminating or controlling OHS risks.

4.3 Workplace Health and Safety Model

Creating a safe workplace involves a dynamic interaction between the external and internal environments.

Many external factors influence an organisation's activity and direction.

Both internal and external factors influence the safety of the workplace.

As identified in Diagram 1, these factors include:

- Legislation
- Politics
- Funding
- Community needs and opinion.

Internal systems and processes should be consistent with external factors, and flexible enough to be able to adapt to external changes.

An organisation needs to develop internal systems and processes that are in line with the expectations required by the external environment.

As changes occur externally, organisations must be able to adapt or change their internal processes. The Workplace Health and Safety Model depicts the relationship between the internal and external environments.

Organisations need to develop a safety culture, and effective processes to prevent, and effectively manage, workplace incidents.

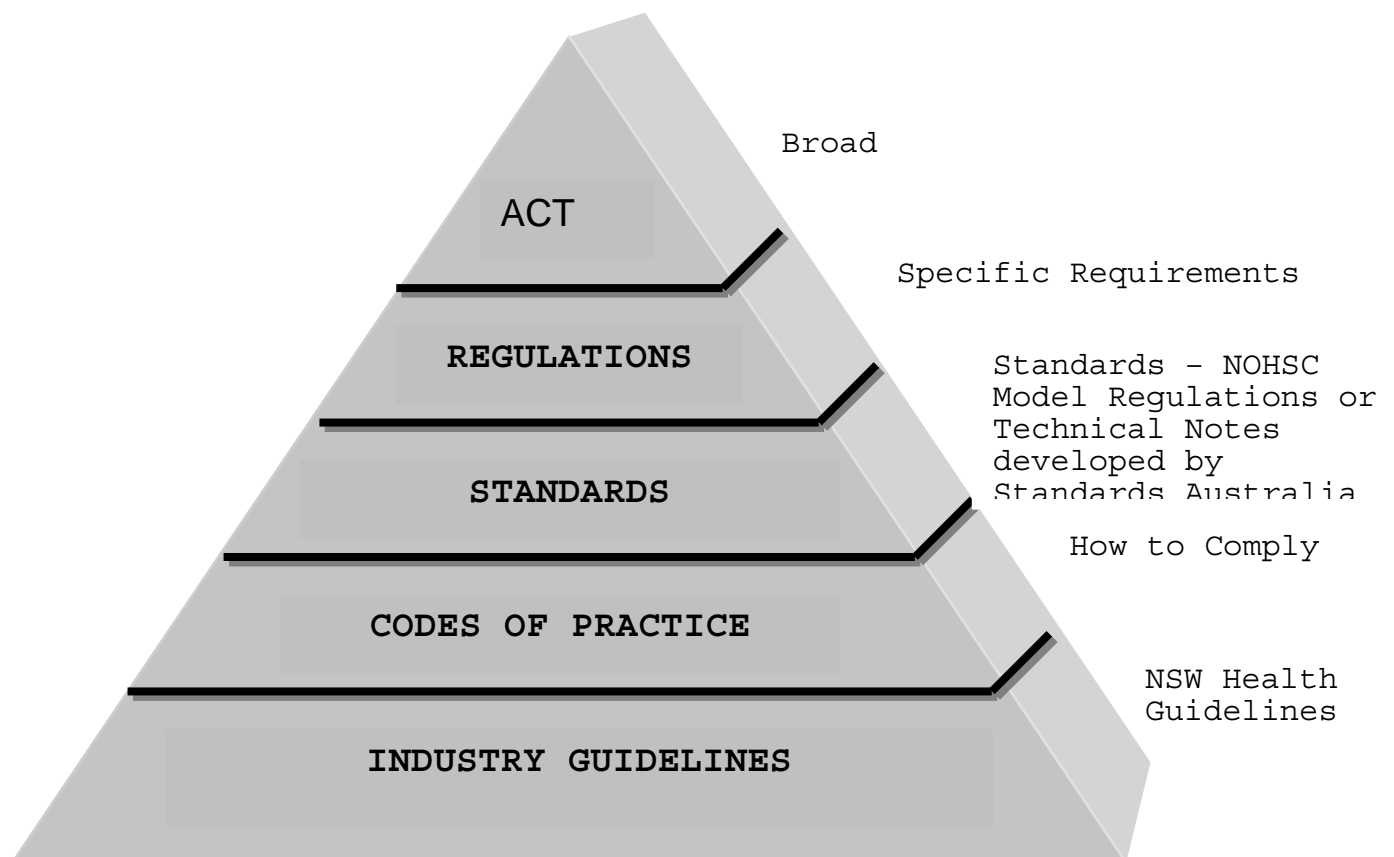
Internally, an organisation can create a safe workplace by ensuring systems and processes to support risk management are in place. These systems and processes support well designed safe and secure premises, housing appropriate equipment, furniture and fittings etc. Specifically, systems and processes must be in place to underpin the development of a "safe" organisational culture. They also support an incident prevention program using risk management principles and a post incident management program.

5.0 External Environment

5.1 OHS Legislative and Support Framework

The external environment is constantly changing. The management response should therefore be flexible enough to meet the variable and complex political, legislative and funding arrangements.

Diagram 2: OHS Legislative and Support Framework



5.2 OHS Legislative Requirements

Public health organisations should be aware of the Acts and Regulations governing workplace safety in NSW.

A detailed summary of the NSW OHS and workers compensation legislation is provided in Chapter Two of the Premier's Department publication 'Taking Safety Seriously' 2002.

The management of workplace safety in NSW is embedded in a legislative framework. All public health organisations need to be aware of the requirements of the Acts and Regulations governing workplace safety.

Regulations set out under an Act clarify and expand on the requirements of an Act, giving details on how certain sections of the Act are to be implemented. Duties required under legislation are mandatory, with penalties for non-compliance.

5.2.1 Occupational Health and Safety Act 2000

The NSW Occupational Health and Safety Act 2000 (OHS Act) is the main piece of legislation setting out a worker's right to a safe and healthy working environment. The OHS Act places a legal obligation on employers to provide a safe environment for all employees, contractors and workplace visitors.

Employers are legally obliged to maintain a safe working environment.

This includes ensuring that work systems are safe, as well as providing any information, instruction, training and supervision needed to maintain workplace health, safety and welfare.

An employer who has not done enough to eliminate or reduce risks can be penalised, even if no-one has been injured. If a corporation breaches the OHS Act or Regulation, its managers may be held personally liable. Their only defences are to show either that they could not have influenced the corporation's conduct in the matter, or that they used 'due diligence' to stop the corporation from contravening the Act.

A useful document is the WorkCover NSW publication 'Due Diligence at Work – A checklist for action on workplace health and safety for company directors and managers'.

Due diligence means complying with legal obligations; implementing safe work systems and practices; keeping records on responses to workplace hazards; providing appropriate information, instruction, training; adequate supervision; and monitoring and auditing OHS and injury-management programs.

Proceedings can be taken against an individual under the Act whether or not action is being taken against the corporation.

Employees also have responsibilities under the OHS Act.

There is also a general duty on employees to take reasonable care for the health and safety of persons who are at their place of work and who may be affected by their acts or omissions at work. The Act also requires that workers cooperate with the employer in its attempts to comply with OHS legislative requirements.

Non-compliance with the Act carries significant penalties for employers and employees.

5.2.2 Occupational Health and Safety Regulation 2001

The NSW Occupational Health and Safety Regulation 2001 (OHS Regulation) supports the OHS Act, and requires employers to identify workplace hazards, assess the risks arising from those hazards, eliminate the risks or where that is not practicable, control and monitor the risks. Employers must also provide appropriate training and consult with employees on OHS issues (amongst other things).

5.3 Workers Compensation and Injury Management Legislation

The NSW Workers Compensation Act 1987 together with the Workplace Injury Management and Workers Compensation Act 1998 (WIMWC Act) create a single but complex framework for managing workers compensation.

5.3.1 Workers Compensation Act 1987

The NSW Workers Compensation Act 1987 outlines the rights and obligations of employers and employees in relation to the insurance and compensation of injured employees.

5.3.2 Workplace Injury Management and Workers Compensation Act 1998 and Regulations

Part 3 of the WIMWC Act concerns workplace injury management. This Part includes the obligations of employers, injured employees and insurers to achieve a timely, safe and durable return to work.

This Act also includes employer obligations to:

- Participate and cooperate in the insurer's injury management
- Provide early notification of workplace injuries to the insurer
- Provide suitable work for injured employees if practicable
- Establish a return-to-work program for the organisation and a return-to-work plan for the injured employees.

Public health organisations must comply with the requirements in the WorkCover publication 'Guidelines for Employers' Injury Management and Return-to-Work Programs'.

More detailed information on injury management is contained in NSW Health circular 2003/75 'Policy and Procedures for Injury Management and Return-to-Work'.

Your Risk Manager or Return-to-Work Coordinator can also assist.

5.4 Standards and Codes of Practice

National and Australian Standards and codes of practice support OHS legislation.

National Standards and Australian Standards are given the force of law when they are incorporated into an Act or Regulation.

Approved industry codes of practice should be followed, unless there is an alternative course of action that achieves the same or a better standard of health and safety.

The Workplace Injury Management and Workers Compensation Regulation 2002 supports the above Act, and includes the requirement for employers to comply with the WorkCover publication 'Guidelines for Employers' Return-to-Work Programs' when establishing workplace programs and procedures. This Regulation also covers provisions relating to offences, penalties and exemptions, return-to-work programs, return-to-work coordinators and rehabilitation service providers.

The Workers Compensation Regulation 2003 supports both the 1987 and 1998 Acts and deals with procedures for discontinuation of weekly compensation payments, occupational rehabilitation services, notice of injuries and claims procedures, medical examinations and medical disputes. This Regulation also outlines the requirements for what must be entered into the Register of Injuries.

Standards and codes of practice also support the OHS legislation.

National Standards are model regulations produced by the National Occupational Health and Safety Commission. National Standards may be given the status of law, if they are called up in an Act or Regulation.

Australian Standards set out recommendations to ensure that a method or material will achieve a prescribed, consistent level of quality or technical specification. If legislation incorporates Australian Standards, they become compulsory.

An approved Industry Code of Practice gives practical guidance on how the required standard of health, safety and welfare can be achieved, and should be followed, unless there is an alternative course of action that achieves the same or a better standard of health, safety and welfare. They are designed to be used in conjunction with the OHS Act or the OHS Regulation, but do not have the same legal force.

A person or company cannot be prosecuted for failing to comply with an approved industry code of practice. However, in proceedings under the Act or Regulation, failure to observe a relevant approved industry code of practice can be used as evidence that a person or company has contravened or failed to comply with the provisions of the relevant Act or Regulation.

Industry Guidelines are produced by industry groups and provide guidance material that does not have the same status as approved industry codes of practice.

5.5 Other Relevant Legislation

5.5.1 Anti-Discrimination Legislation

A wide range of other legislation exists that may impact on the way OHS is managed in public health organisations.

Under the NSW Anti-Discrimination Act 1977 it is unlawful to discriminate on the grounds of race, sexual preference, transgender status, marital status or disability.

Discrimination means giving a person less favourable treatment because of their personal characteristics.

Other relevant pieces of legislation include the Disability Discrimination Act (Commonwealth) 1992 and the Equal Employment Opportunity Act (Commonwealth) 1987.

5.5.2 Industrial Relations Act 1996

Employees must not be dismissed within six months of a work-related injury rendering them unfit for work.

If a work-related injury leaves a worker unfit for work, they have two years after dismissal in which they may request reinstatement.

5.5.3 Other Legislation of Interest

5.6 Treasury Managed Fund

The NSW Treasury Managed Scheme Structure is detailed in the publication 'Treasury Managed Fund Scheme Structure, incorporating the Contract of Coverage March 2004'.

5.6.1 Benchmark, Target and Deposit Premiums

Disability includes mental illness and infectious diseases status. This Act further states that it is unlawful to refuse to provide goods and services to another person on the grounds of a disability, or to place terms on provision of those goods and services on the grounds of disability.

All NSW Health employees should be aware of the requirements of State and Commonwealth legislation on discrimination and equal opportunities in the workplace.

In the context of OHS, anti-discrimination legislation makes it illegal to discriminate against a person because they have a physical or psychological disability, whether that impairment is constitutional or whether it has come about through a work related injury or disease.

Under the NSW Industrial Relations Act 1996, an employer must not dismiss an injured employee within six months of the employee becoming unfit for work as a result of a work-related injury.

If after this time an injured employee is dismissed because their injury makes them unfit for employment, the employee may ask the employer to reinstate them up to two years from the time of dismissal. During this time, the employer must tell any employee hired to replace the injured worker that the injured worker may return to the position.

Other pieces of legislation of particular relevance to public health organisation when developing risk control strategies include the Crimes Act 1900, the Mental Health Act 1990, the Privacy and Personal Information Protection Act 1998 and the Inclosed Lands Protection Act 1901.

The NSW Treasury Managed Fund (TMF) is a self-indemnity arrangement of the NSW Government underwritten by the Consolidated Fund. NSW Treasury has a managerial role, with an appointed Fund Manager in charge of day-to-day operations. TMF provides workers compensation coverage to NSW Health.

Within NSW Health, financial arrangements for workers compensation are devolved to public health organisations, with each then establishing its own policies.

Public health organisations receive an actuarially calculated allocation called the benchmark premium, and are charged an actuarially calculated deposit premium.

The benchmark premium is based on the claim costs of the private health system in NSW and the claims experience in public health in Queensland, Victoria and South Australia, which are expressed as a percentage of wages. The benchmark rate is then applied to the estimated salaries and wages as provided in the annual renewal declaration process.

The benchmark is used in the calculation of the deposit premium and also represents the level of funding allocation to NSW Health. The Target Premium is the global premium calculated for NSW Health and represents the projected costs of claims for the relevant fund year.

The Target Premium is then split amongst public health organisation policies/entities based on a blend of their claims experience and benchmark premium (Deposit Premium).

Larger entities have a greater 'experience' factor than smaller organisations when calculating the deposit premium.

Workers compensation claims experience affects the calculation of the deposit premium according to the size of the individual entity. A large entity carries a greater 'experience' factor than a small entity. A small entity's deposit premium is weighted towards the benchmark, to avoid the extreme financial impact of large claims experience.

OHS improvements take at least two years to produce lower deposit premiums.

Experience for the last two calendar years is included when calculating deposit premiums. This means that the full effect of good OHS management takes a minimum of two years to impact as a lower deposit premium.

An 'F factor' is applied to adjust claims experience to the global Health Target Premium. The F factor is a multiplier that scales up the reported costs of each entity to equal the Health Target Premium. The F factor allows for:

- claims that have occurred but are not yet reported
- underdevelopment of existing claim estimates
- cost of large claims above the claim cap, which is currently \$150,000 for Health.

The level of cross subsidisation within Health means that all public health organisations benefit from improved workplace safety.

As there is a level of cross subsidisation across Health, the combined efforts of all public health organisations in reducing claim costs will be reflected in a lower global health premium, which will benefit all public health organisations.

If the benchmark premium is more than the deposit premium, a public health organisation has additional funds to invest elsewhere (surplus). However, if the benchmark premium is less than the deposit premium, the difference must be funded from the organisation's own resources (shortfall).

A hindsight premium is calculated at 3 years and 5 years after the commencement of a fund year. The purpose of hindsight is to adjust the deposit premium charged to public health organisations to reflect the cost of claims at 3 and 5 years after the start of a fund year.

The deposit premium is adjusted using the cost of claims which occurred in the relevant fund year. The cost of claims are also adjusted by the movement in the claims experience of the NSW WorkCover scheme relative to the movement of claims cost in the health pool. The benchmark premium is also adjusted using the actual cost of wages.

An interim hindsight is calculated 3 years after the commencement of a fund year. This includes a margin, which acts as a buffer for any further deterioration in claims cost from the 3 year point. The margin is calculated at 7.5% of actuarially determined outstanding claim costs.

A final hindsight is calculated 5 years after the commencement of a fund year. An adjustment is made for any improvement / deterioration in claims costs for the Health Pool, Health entities and the WorkCover Scheme since the 3 year point. At this time the margin is removed and the fund year is closed.

6.0 Internal Environment

6.1 Workplace Health and Safety Model

A workplace safety model should include both incident prevention and incident management strategies.

Incident prevention means anticipating hazards and eliminating or minimising unsafe work practices.

As organisations have less influence over the external environment (see Diagram 1) than internal, better practice principles for OHS need to focus on the internal environment. The internal environment should create and support a safe workplace. However external risks should not be ignored.

The workplace health and safety model presented in section 4.3 illustrates a model internal environment, built on powerful leadership. The chief executive is responsible for setting the vision and goals, and for leading the process of planning, consultation, monitoring, and accountability in a safety culture. A good safety culture requires that both incident prevention and incident management strategies be in place.

Incident prevention is the formal process that eliminates or minimises all workplace hazards or risks. These hazards or risks may be eliminated through improved systems of work including safe staffing and skill mix, providing appropriate aids or equipment, furniture and fixtures, through changed employee behaviour and through improved workplace design.

An incident/post incident management program deals with the formal process of managing an incident, injury or claim, and post incident activities such as incident investigation and systems improvement.

6.2 Organisational Safety Culture

An organisation's culture is the collection of shared beliefs, values, ideas and knowledge held by its employees.

Symbols are a visual sign of management commitment to workplace safety.

Organisational culture is the overall collection of values and beliefs held by those who work within the organisation. Organisation values strongly influence organisational culture.

Developing a productive and safe organisational culture requires innovative and resourceful leadership. Chief executives and senior managers can influence organisational culture by focusing on management behaviour and training, work systems and appropriate resourcing. Symbols, which can be in the form of visible actions, can also be a powerful indicator of management's commitment to a safe workplace.

Examples of symbols include:

- Noticeboards displaying safety achievements
- Safety walks
- Prompt response to hazard reports and incidents and report back to employees
- Performance graphs and targets
- Safety signs, posters and newsletters
- Personal protective equipment signs.

6.2.1 Chief Executive Commitment and Involvement

Chief executive commitment is vital to the success of a workplace safety management system.

Demonstration by the chief executive and senior managers of a genuine concern for workplace safety is a powerful indicator to employees. People are influenced more by what they see than by what they hear or read, therefore senior management must lead by example in creating a workplace culture that encourages safe work practices.

Without the visible commitment and support of the chief executive, there is unlikely to be any reduction in employee injuries or workers compensation costs.

The chief executive must therefore take an active role in managing and marketing workplace safety.

See Appendix 1 for a 'Checklist for Chief Executives' that may be used to assist chief executives move towards better practice.

The structure of the organisation reflects the importance of OHS. OHS should be seen not as an extracurricular concern but rather, as an integrated part of good management.

Better practice for the chief executive means ensuring that:

- A statement of commitment is displayed in the workplace
- All policies reflect the importance of OHS
- An OHS impact statement is included in all relevant policies, business papers and proposals
- OHS activities are included in all aspects of corporate planning
- The management structure, reporting and decision processes reflects the importance of OHS
- Performance management systems include a focus on OHS
- Workplace safety initiatives are supported and encouraged
- Sharing of solutions to workplace safety issues is encouraged
- Adequate resources are provided for OHS management
- The safety message is communicated to all staff, patients and visitors, via public forums and newsletters
- Line managers are empowered, trained and resourced to deal with day-to-day OHS matters
- Lines of communication and reporting that ensure that OHS matters are dealt with in a timely manner
- All significant workplace incidents are reported to the chief executive.

6.2.2 Role of Management

Managers coordinate the overall safety effort within their area of responsibility. This requires them to understand their OHS responsibilities and be familiar with their organisation's OHS systems and have OHS risk management and communication skills.

Responsibilities of managers include:

- Enforcing OHS policies and procedures
- Encouraging staff to report all incidents
- Implementing performance management systems to monitor employee OHS
- Promptly and visibly investigating OHS issues
- Ensuring effective OHS training and development for employees. Providing adequate supervision.
- Developing procedures that make it easy and non-threatening for employees to report workplace incidents, injuries and illnesses
- Developing safe work practices and procedures
- Consulting employees on all safety issues and decision that affect their OHS
- Considering the OHS impact of their decisions
- Keeping staff informed of OHS issues, initiatives and trends
- Facilitating staff attendance at OHS committee meetings and involvement in related activities
- Seeking assistance and support with major OHS issues.

Line managers play a crucial role in establishing a safety culture.

Because of the example they set, it is critical that line managers do not cut corners or overlook/condone unsafe work practices.

Good communications are essential to maintaining a safe workplace.

Communication is also essential in creating and maintaining a safe workplace and OHS should be a regular agenda item at staff meetings and other relevant forums.

6.3 OHS Policy

Copies of the OHS policy should be displayed prominently, and distributed to all new employees.

Successful policies focus on prevention, consultation and continuous improvement, and clearly identify responsibilities.

An OHS policy is a public statement expressing an organisation's commitment to workplace safety. The policy informs employees, suppliers, customers, contractors, visitors and other interested parties that OHS management is an integral part of all operations.

The policy should be written in simple terms. Management should then actively promote the policy, to make sure that all staff know about it and understand its meaning and implications.

The OHS policy should be distributed to all employees when they join the organisation. Copies of the policy should also be displayed prominently in the workplace.

Successful OHS policies include the following principles:

- Focus on prevention with commitment to OHS risk management principles
- Commitment to the organisation improving the safety culture which reflects a focus on safety and concern for the welfare of employees and others in the workplace
- Clearly defined responsibilities and accountabilities of managers and employees in relation to workplace safety
- Consultation with employees through OHS Committees or other consultative forums as a key component to developing strategies for the prevention, identification, evaluation and control of potential hazards
- Consultation with other key stakeholders regarding OHS eg contractors, volunteers, community groups, unions etc
- Statements that outline broad objectives, targets and performance indicators for OHS
- Compliance with OHS legislation, standards, regulations and codes of practice as the minimum standards only, including notification of incidents to WorkCover in accordance with the legislation
- Commitment to the implementation and continuous improvement of health and safety programs by establishing a framework for continuous improvement
- Ensuring a system of review and monitoring of OHS issues at all levels including audits, and assessing the effectiveness of policies, training and procedures
- Commitment to the provision of adequate training and resources as an integral component to safety.

6.4 Accountability and Responsibility

There should be clearly articulated OHS accountabilities and responsibilities for all staff.

Detailing OHS responsibilities and accountabilities in position descriptions and performance agreements allows use of performance management systems to monitor and improve OHS.

Public health organisations need to build in appropriate accountability for the maintenance, review and improvement of OHS management systems.

While all staff have responsibilities in relation to OHS, managers, in particular, are accountable for the safety of their workplace and safe work practices within their area of control, influence and authority. Position descriptions and performance agreements should include details of OHS responsibilities and accountabilities. The performance management system can then be used to monitor and improve the OHS performance of managers and employees.

Key positions should be designated to take administrative responsibility for specific aspects of OHS management.

Such positions should be given appropriate levels of authority and resources.

Costs should be devolved to the lowest possible level.

Within public health organisations, there should be key positions that are held responsible for giving advice on risk management and OHS. There may also be positions with more specialised responsibility for matters such as emergency response procedures or major incident management. It is vital that such designated positions be given the appropriate level of authority and the resources needed.

Devolving costs to the lowest appropriate level will improve financial accountability. A system should be established to reward good performance whilst encouraging poor performers to improve. However, poor performers should not avoid all financial accountability. Be mindful, however, that a single large claim may skew data and reflect unfairly on performance.

The devolution of workers compensation premiums and hindsight adjustments to the division or cost-centre level will:

- Further reinforce, encourage and help monitor managers' financial responsibilities and accountabilities
- Provide managers with direct information on the costs of poor workplace safety
- Integrate workers compensation into the budgeting cycle.

Public health organisations can use the Cost Centre Tool provided by the Fund Manager to allocate Workers Compensation premiums to cost centres within an entity. Be mindful, however, that a single large claim may skew data and reflect adversely on performance.

6.4.1 Position Descriptions

OHS competencies should be identified and included in all position descriptions.

Best practice OHS management includes clearly defined OHS competencies in all position descriptions. Position descriptions lock in accountabilities specific to each job.

For more information on OHS competencies, refer to:

- The Health Training Package (HTP) HLT02 Version 2.0, which includes the nationally recognised qualifications and competency standards for vocational sector workers in the health industry. The HTP includes health industry specific competency standards that are based on the National Guidelines for Integrating OHS Competencies into National Industry Competency Standards [NOHSC:7025 (1994)]
- The National Training Information Service (NTIS), which contains all national industry training packages (including the HTP), competency standards and information about related resources at www.ntis.gov.au
- National Guidelines for Integrating OHS Competencies into National Industry Competency Standards [NOHSC:7025 (1994)], which may be relevant where there is no national industry training package or competency standard.

6.4.2 Performance Agreements

Performance agreements are a good way to set management targets that complement managers' position descriptions. All performance agreements should incorporate workplace OHS initiatives and strategies, consistent with the manager's level of responsibility within the organisation.

6.4.3 Performance Management

Performance agreements should incorporate OHS initiatives and strategies.

*See NSW Health circular 2000/68
Managing for Performance – A Better
Practice Approach for NSW Health*

Performance management is an ongoing, collaborative process that better directs the work of individuals and teams towards the objectives of the public health organisation as a whole. Feedback on progress towards agreed targets helps in planning the skills development needed to best achieve public health organisation goals.

The performance management system can be used to relate the broader organisational safety objectives to the work practices of employees. OHS competencies and development needs can be reinforced and supported through performance management.

6.5 Planning

Planning is a process of making decisions that impact on the future. It requires managers to look ahead, consider the impact of change and make decisions on the direction or conduct of the entity. Good decisions are made if a manager is able to foresee the full impact of decisions ie how it will affect the organisation as a whole, not just a small component of it.

A safety culture can be strengthened by ensuring all decisions are made after an analysis of the OHS impact of the decision. Incorporating OHS into the formal planning process is an effective method to ensure OHS is included in the decision making process.

OHS needs to be integrated into the organisation and service development planning cycle.

Planning takes place at all levels of the organisation. Integrating OHS into every planning process ensures that there is an active acknowledgment of OHS risks prior to the commencement of a new direction or project. Decisions made during the planning process will therefore take into account the OHS risks as well as other success factors.

OHS should be included in all levels of planning. This may mean OHS is seen in strategic plans, business plans, service development plans and building/refurbishment plans as well as forming part of project plans and individual department plans.

During the planning process OHS risks can be addressed as part of the planning process and therefore create a safer environment when the plan is implemented.

Areas needing safety improvements should be addressed by specific OHS improvement plans.

Specific OHS Improvement Plans may also be developed. This type of planning is directly related to improving the overall OHS systems. They may be based on the Workplace Health and Safety Model (4.3) and/or on audits and reviews that identify areas for improvement. They should be focused on what needs to be done to develop or improve the systems that are, or need to be in place to ensure effective OHS management.

6.6 Consultation

Consulting with employees is an essential part of effective OHS management.

NSW OHS legislation requires that employers consult with their employees to enable those employees to contribute to the making of decisions affecting their health, safety and welfare at work. Employers are required to share relevant information with employees, provide employees the opportunity to express their views, and then take into account the employees' views.

Workers often have the best knowledge of their workplace and the jobs they do.

Employees usually have the best knowledge about hazardous work practices and any gaps in workplace health and safety management, so effective consultation with employees and their representatives is crucial to the success of any OHS system. Continuous consultation should be integrated into every stage of the workplace safety management system.

It is also good practice for public health organisations to consult with other key stakeholders such as volunteers, contractors, unions and community groups.

The OHS Regulation and OHS Consultation Code of Practice provide requirements and advice on OHS committee and OHS representative functions, how they must be supported, conduct of elections and other related topics.

6.6.1 When to Consult

Consultation allows for shared ownership of the process and paves the way for successful implementation.

Consultation is vital when:

A key requirement of the legislation is that employees must be consulted about the types of consultation mechanisms to be put in place in their workplace.

- Decisions are being made about OHS consultation arrangements
- Reviewing OHS management performance
- Developing, implementing and evaluating related programs, policies, procedures and management systems
- Identifying, assessing and controlling workplace hazards and risks
- Determining training needs
- Changes are proposed to the premises, systems or methods of work, or to plant or substances used for work
- Designing, purchasing or customising equipment
- Developing new facilities
- Refurbishing existing facilities
- Investigating incidents.

6.6.2 How to Consult

Consultation can occur through formal and informal processes and may involve direct or representational participation (eg Health unions).

The OHS Act requires that formal consultation must be undertaken by one or a combination of the following means:

6.6.3 OHS Committees

- The establishment of one or more OHS Committees
- The election of one or more OHS representatives
- Other arrangements agreed by the employer and employees.

The OHS Committee, as developed under the OHS Act 2000, provides a formal forum for consultation. Employee representatives are elected to the committee and should be mindful that they represent others.

Chapter 3 of the OHS Regulation and the WorkCover Code of Practice on OHS Consultation provide detailed information on the processes to be followed, and the consultation to be undertaken, when establishing an OHS Committee.

6.6.4 OHS Representatives

Management representatives on OHS Committees should be sufficiently senior that they are authorised to make decisions on behalf of management.

The establishment of OHS Representatives is an option for consultation and their functions are the same as an OHS Committee under the Act. However, consultation arrangements can operate at various levels and serve a range of purposes. For example, an OHS Representative may be elected to serve the needs of a designated workgroup such as night shift workers, to ensure there are effective communications between the employer and that workgroup. An OHS Committee can still exist, but may focus on a different level of activity eg recommending to the employer safe systems of work, or identifying OHS training needs.

6.6.5 Workgroups

Under the OHS legislation, elected members of an OHS Committee or OHS Representatives represent a defined workgroup of employees. Employers must consult with employees on the composition of workgroups and the workgroup must be formed in a manner that ensures that the OHS Committee and/or the OHS Representative are able to represent the employees in the workgroup effectively.

6.6.6 Other Agreed Arrangements

Other Agreed Arrangements may include a variety of consultation arrangements. Where the employees agree, the consultation arrangements can be different to OHS Committees and OHS Representatives. For example, smaller employers may reach agreement to consult with their employees directly.

Other Agreed Arrangements may also be based on industry framework agreements that provide a template for consultation arrangements at the place of work.

6.6.7 OHS Consultation Statement

Detailed information on the consultation process can be found in Chapter 3 of the OHS Regulation, and the WorkCover NSW publication 'Code of Practice: OHS Consultation 2001'.

Once agreement has been reached on the way the employer will consult on OHS issues with employees, the OHS Regulation requires that the employer record these arrangements. One way of meeting this requirement is by preparing an OHS Consultation Statement. The statement should include the OHS arrangements, how they were arrived at, and the process by which employees will be consulted.

In addition to formal consultation, there are many other mechanisms for communicating with, informing and involving employees.

This can occur through:

- Fostering a team approach to OHS
- Providing OHS information sessions and focus groups
- Including OHS matters on staff meeting agendas
- Requesting staff suggestions
- Referring to OHS matters in staff newsletters
- Conducting staff surveys on OHS issues
- Issuing OHS staff bulletins and updates
- Including representatives of affected groups on all relevant working parties
- Encouraging small OHS work groups, such as those from high-risk areas.

6.7 Incident Prevention Program

An incident prevention program creates an environment that helps managers use foresight.

Risk management allows for risks to be identified, assessed and controlled in a planned and systematic way.

Written records of all stages of the process should be kept.

6.7.1 Hazard Identification

Hazard identification should be systematic and continuous.

The OHS Act 2000 requires any reasonably foreseeable risk to health and safety to be eliminated or controlled. No risk can be ignored regardless of its risk rating. To prevent safety incidents, there needs to be a systematic approach to identification, assessment and control of workplace hazards and risks.

This approach should include:

- A general incident prevention program
- Specific hazard management programs
- Related policies and procedures.

An incident prevention program uses OHS risk management principles to identify, assess, eliminate or control workplace hazards and risks. The aim of the program is to address OHS issues before they cause injury or illness. The ability to use foresight in preventing injuries requires knowledge of actual and potential hazards in the work environment as well as a process to address these hazards and minimise the risk of illness or injury.

The incident prevention program will analyse all contributing factors with a view to informing decisions on priority ratings of risks and risk elimination / control strategies.

It is important to keep written records of all stages of the process, including:

- The hazard/risks identified
- Risk assessment
- Its priority/risk rating
- Key sources of information that led to the above
- Key consultation groups
- The risk controls implemented, including any changes made and the person responsible for them
- Unsafe work practices caused by or relating to the hazard.

Identifying workplace hazards (including work practices) must be a systematic and continuous process done in consultation with employees.

Ways to identify workplace hazards include:

- Formal and informal consultation with staff and their representatives (eg unions)
- Safety audits and workplace inspections
- Minutes of OHS Committee meetings
- Incident reports and incident investigation reports
- Hazard reports
- Staff surveys
- Injury and illness records, including first aid register
- Biological and environmental monitoring results
- Grievances and OHS complaints/workplace grievance records
- Observation such as the 'safety walk'
- Workers compensation statistics and related data
- Workplace inspection reports
- Maintenance request forms.

When identifying hazards, consideration needs to be given to the environment, work practices, work arrangements and equipment used.

In particular, the hazard identification process needs to include those rising from:

- The work premises, layout and condition and the physical working environment
- Work practices and systems and working arrangements eg shift work
- Plant, hazardous substances, biological substances and asbestos
- Manual handling
- Potential for workplace violence.

6.7.2 Risk Assessment

Once a hazard has been identified, it is necessary to analyse and evaluate the level of risk it poses. The *Risk Assessment Code of Practice 2001* provides practical guidance on risk assessment practice, including the types of risk factors that must be considered. OHS legislation requires that consultation with staff must be undertaken when risks to health and safety arising from work are being assessed. Of particular relevance will be the views of staff directly involved in the work to which the risk assessment relates.

When evaluating risk, priorities should be based on:

- The likelihood that the hazard will cause an incident
- The potential consequences of such an incident.

Other factors, such as the frequency and duration of exposures to the hazard, and the number of staff who are exposed to the hazard, should also be considered.

There are many ways to determine a risk rating, and the matrix below is only one example for prioritising all identified risks. For each hazard, consider the following:

Table 1: Risk Rating Matrix (modified from WorkCover Hazpac).

See the *NSW Health Security Manual 2003* for further examples of risk assessment tools.

	2. How likely is it to be that bad?			
1. How severely could it hurt someone or how ill could it make someone?	very likely could happen anytime	likely could happen sometime	unlikely could happen, but very rarely	very unlikely could happen, but probably never will
Kill or cause permanent disability	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off work	2	3	4	5
First aid needed	3	4	5	6

6.7.3 Risk Elimination and Control

Risks should then be prioritised for action. The most severe risks should be dealt with as a priority. However, if a lower priority risk can be cheaply and easily fixed, this should also be attended to promptly.

Once the priorities have been decided and recorded, strategies need to be determined and implemented to eliminate or minimise the identified risk. The OHS Act requires that consultation with staff be undertaken when determining risk elimination or control strategies.

The OHS Regulation specifies the hierarchy (or order) of risk control measures that must be followed when elimination of the risk is not reasonably practicable.

The hierarchy of risk controls should be followed when determining risk control strategies.

Engineering approaches may include modifications to patient bathrooms to make them safer.

PPE is the least effective way to deal with a hazard.

The hierarchy is as follows:

- Eliminating the risk
- Substituting the hazard giving rise to the risk with a hazard that gives rise to a lesser risk
- Isolating the hazard from the person at risk
- Minimising the risk by engineering means
- Minimising the risk by administrative means
- Using personal protective equipment (PPE)

Engineering strategies for improving workplace safety may include:

- Planning new premises, materials and equipment whose design removes or minimises the hazard
- Redesigning existing work environments, systems and equipment to eliminate or minimise the hazard.

Administrative approaches to developing safer work practices might include:

- Rotating jobs to reduce the frequency or duration of exposure to the hazard
- Undertaking the hazardous activity when the least number of employees will be exposed
- Developing procedures that ensure safe work practices
- Changing employee behaviour through consultation, training and information dissemination
- Using supervision and performance management to reinforce and enforce safe behaviour.

Administrative controls are low on the hierarchy of risk controls and on their own are generally of limited benefit.

If it is not reasonably practicable to eliminate a risk, an employer must control a risk. Controlling a risk may involve the use of PPE. In addition the general duty of care obligations of employers under the OHS Act 2000, the OHS Regulation also outlines how to control a risk through PPE and how PPE is to be used for specific hazards or work environments.

PPE refers to the equipment worn by workers to reduce their exposure to hazards and includes any substance used to protect health (such as such protection cream).

Examples of PPE in the health context include:

- Use of disposable gloves as part of an infection control strategy
- Protective aprons used when there is potential exposure to radiation eg x-rays
- Resuscitation masks.

A combination of risk control measures may be necessary if no single measure appropriately minimises the risk.

6.7.4 Review of Risk Assessments and Control Measures

A continuous loop of evaluation, feedback and monitoring should be established as part of the overall risk management program.

Employees must be consulted when reviewing risk assessments and control measures.

6.8 Measurement, Evaluation, Review and Improvement

Regular reviews maintain high standards in workplace safety management.

Reviews identify areas for improvement and allow monitoring of risk elimination and control measures.

Consultation is an essential part of any review.

A combination of the above measures is required to be taken to minimise the risk to the lowest level reasonably practicable if no single measure is sufficient for that purpose.

Once a risk control strategy is implemented, its effectiveness needs to be monitored and evaluated. Best practice OHS systems are based on a continuous loop of evaluation, feedback and monitoring. Ongoing monitoring of risk control measures is also necessary to ensure that the control measures continue to be effective.

In addition, the OHS Regulation requires a review of the risk assessment and any measures adopted to control the risk whenever:

- There is evidence that the risk assessment is no longer valid
- Injury or illness results from exposure to a hazard to which the risk assessment relates
- A significant change is proposed in the place of work or in work practices or procedures to which the risk assessment relates.

Prohibition and Improvement Notices (PINS) issued by WorkCover NSW can be used as a trigger to review risk assessments and control strategies, not only locally, but across the public health organisation.

Monitoring the overall effectiveness of OHS management systems ensures that they continue to meet their objectives, and that priorities and practices reflect changing circumstances.

Identifying performance indicators and targets in key areas, and setting timetables for their formal review is an effective way of ensuring that OHS performance is regularly reviewed as part of the ongoing management of the business.

Existing NSW Health review mechanisms include:

- The OHS Profile
- The Manual Handling Profile
- The Security Improvement Assessment Tool
- The Fire Evaluation Reporting System (FERS) 2004
- The EQUIP Guide: Third Edition 2003.

Ongoing OHS reviews identify areas for improvement, gaps in the system, and the causes of any system failures, and enable the assessment of risk elimination and control measures.

Information gained from reviews can be used to improve OHS performance. Effective reviews involve consultation with all those affected, including employees and their representatives.

Comprehensive system-wide audits or individual reviews of specific aspects of the system may be needed. Audits or individual reviews may be conducted internally or by using external services. Reviews should be conducted regularly, to maintain high workplace safety management standards.

The 'safety walk' can also be a useful way to monitor OHS systems.

A useful tool for checking the performance of OHS systems is the 'safety walk'.

Safety walks are a visible sign of management commitment to OHS, and involve:

- Observing people and what they are doing
- Identifying weaknesses in safety systems
- Targeting specific and defined areas
- Encouraging staff and managers to talk about safety
- Identifying staff concerns and gaining commitment to safety.

Reviews must ensure that OHS legislation continues to be met.

A key aspect of the review process is ensuring that OHS legal requirements continue to be met, particularly any new provisions. Public health organisations need to establish and maintain procedures to identify, access and implement all relevant OHS and related legal requirements.

Reviews are of little value if their findings are not acted upon.

Crucial to the effectiveness of the review process is how the information is used. All formal reviews should link into a process for identifying what improvements are required to the system and where, for prioritising the actioning of those improvements, allocating responsibility and accessing funding if needed. A useful mechanism for facilitating this process is the development of a safety improvement plan based on the findings of the review.

Safety Improvement Plans are a good way of ensuring that findings from OHS reviews are fed back into the system.

Well planned, written and executed safety improvement plans incorporating improvement activities, responsibilities, performance indicators, targets where appropriate, and review dates can be an effective way of ensuring continuous improvement of existing systems.

6.9 Specific Hazard Management Programs

If a hazard is particularly serious, a specific hazard management program should be developed to supplement more general programs.

A number of programs already exist in public health organisations, including:

- Manual handling
- Fire prevention
- Infection control
- Hazardous substances management eg glutaraldehyde
- Security and violence prevention
- Waste management
- Emergency/disaster plans.

A serious hazard may require a specific hazard management program.

6.10 Related Policies and Procedures

OHS issues in related policies and procedures may need to be addressed.

Controlling OHS hazards and problems may also mean addressing OHS issues in other policies and procedures within the organisation. This will reinforce the OHS Management System within the public health organisation. The following examples are broadly grouped into human resource policies, facility planning and design, purchasing and supply procedures, contractor management and service delivery.

6.10.1 Human Resources Policies

Effective recruitment matches an applicant's skills and abilities to the requirements of a job.

Effective recruitment and selection means employing the right person for the right job. An effective recruitment process ensures that applicants have the physical and psychological skills and abilities needed to do the job (see section 5.5.1).

For more information see NSW Health circular 2001/74 'A Framework for Recruitment and Selection'.

Appropriately determined and administered employment health assessments can protect the safety of staff and minimise unlawful discrimination.

For more information, see NSW Health Circular 2000/89 'Employment Health Assessment Policy and Guidelines'.

Provision of relevant information and training for all employees is vital to effective, successful OHS management.

Each employee has specific training needs, according to the nature of their job and their own level of skills.

OHS should be part of all training and induction programs.

For more information see circulars 97/120 'Workforce Learning and Development Strategy for NSW Health'; and 2000/91 'Orientation Policy for NSW Health'.

Where the need to recruit is identified, the following should take place prior to commencing the advertising process:

- Review the position description to ensure it continues to accurately reflect the needs of the position to be filled
- Analyse job tasks to identify risks in each job (see Attachment 2: Model Job Demands Checklist in circular 2001/74)
- Determine practicable ways of changing tasks or workplaces to eliminate or reduce the risks identified
- Identify any physical and psychological abilities necessary to do the job and include these criteria in position descriptions, job competencies and recruitment advertising
- Determine if these criteria need to be medically assessed, and if an employment health assessment is needed, and ensure that the advertisement and applicant information pack include relevant information.

Employment Health Assessments consider whether someone is physically and psychologically capable of performing certain required tasks. The assessments may include interviews, questionnaires, medical examination, biological monitoring, testing and other documentation. They may also involve collecting baseline data, which will allow both assessment of the job's impact on employees and evaluation of workplace risk control measures such as Mantoux, Chest X-Ray and audiology testing. Health assessments of employees are not a substitute for appropriate risk elimination and risk control.

The assessment may also allow for the identification of reasonable adjustments to the workplace or tasks that will further ensure the safety of the recommended applicant or facilitate their ability to do the requirements of the job.

Providing information, instruction and training to all employees, including senior executives, managers and supervisors, is a vital part of any OHS management system. Each level will have specific and possibly different needs in this area.

Managers and supervisors need training in risk management to help them learn how to manage potential hazards and support and encourage compliance with safe work practice.

The specific training needs of each individual employee will depend on:

- The duties set out in their position description
- Relevant legislation relating to those duties and/or work environment
- Risks associated with the tasks
- Specific work practices that must be followed
- Individual needs of the employee.

It may be that employees with language or literacy problems are at greater risk of not understanding the requirements of the workplace. OHS training plans should address this issue.

In a more general sense, OHS training should form part of all:

- Induction and orientation programs
- On-the-job training
- Work systems and procedures training
- Learning and development programs
- Supervisor and management training
- Change management programs
- Refresher training
- Emergency response training.

Workplace grievance management is an important area for consideration in relation to staff wellbeing. A workplace grievance is a real or perceived wrong that causes an employee concern and is considered grounds for complaint. It is often associated with a feeling of resentment or injustice at having being unfairly treated.

An effective system for resolving workplace grievances can prevent a grievance from becoming a significant OHS problem.

For more information see NSW Health circular 99/45 'Policy Framework and Best Practice Guidelines for the Development of Health Service Grievance Management Systems'.

Workplace grievances are a real and increasing risk to the health of employees, and the costs associated with psychological injury are high. Further, grievances may lead to an incident or injury that then must be managed. Workplace grievances arise from various situations, some within and others beyond the control of public health organisations.

It is important to have policies and procedures in place that help maintain, and if necessary, restore a harmonious and effective working environment. An appropriate framework for resolving staff grievances should prevent them becoming a significant risk to employee health and workplace safety. 'NSW Health Policy Framework and Best Practice Guidelines for the Development of Health Services Grievance Management Systems' Circular 99/45 will assist with this process.

Bullying and harassment at work can be damaging to individuals and costly to an organisation.

For more information see NSW Health circular 2001/109 'Joint Management and Employee Association Policy Statement on Bullying, Harassment and Discrimination'.

Workplace bullying and harassment can be costly to an organisation, resulting in lost productivity, high staff turnover, lowered morale, and loss of reputation as an employer and service provider. In addition, if the harassment causes an employee to develop an illness, there are the added costs of a workers compensation claim.

Effectively reducing this risk means developing appropriate policies and systems to prevent bullying and harassment, and to quickly resolve any resulting issues. Addressing bullying and harassment complaints early and promptly is essential. NSW Health released a 'Joint Management and Employee Association Policy Statement on Bullying, Harassment and Discrimination' (circular 2001/109) in 2001 which clearly outlines NSW Health policy requirements in this area.

Employee Assistance Programs help employees deal with personal or work-related problems.

Employee Assistance Programs (EAPs) help employees identify and overcome personal and work-related problems. Employee concerns about either their private or work life may affect their health, safety, well-being or job performance. An EAP helps managers, supervisors and staff meet the social and psychological needs of employees.

Its early intervention strategies aim to identify and resolve personal, health or work related issues as early as possible, before they become significant problems.

All public health organisations are required to have an effective EAP in place that is communicated to all staff.

For more information see NSW Health circular 2000/42 'Policy Framework and Better Practice Guidelines for the development of EAPS (under review)'.

6.10.2 Health Facility Planning and Design

Planning and design of a workplace should incorporate risk management considerations.

However it is important to note that accessing the service is on a strictly voluntary basis.

EAPs provide valuable support to an OHS system, though they do not take the place of prevention strategies. In addition, EAPs should not become the de facto occupational psychological injury management system, as this is not their purpose, and dealing with an ongoing work related issue only through the EAP may not be in the best interests of the employee. EAPs should not be used to abrogate the responsibility of the employer to provide a workplace that is physically and psychologically safe.

Risk management aspects of the work environment should be considered in the initial planning and design of the workplace. It is important to involve employees in the planning and design of their workplace, wherever possible.

When designing the work environment, OHS issues to be considered include the following:

- Number of staff involved
- Security of staff and others
- Intended purpose of an area
- Working space
- Floor plan and layout
- Floor surfaces and access ways, particularly in relation to disabled persons
- Working surfaces
- Lighting and temperature regulation
- Storage areas
- Workloads and work procedures
- Potential service expansion
- Manual handling and the use of equipment.

Building health facilities to ensure workplace safety is considered at this stage is a cost effective approach. It results in savings due to reduced workers compensation claims, and prevents the need for future expenditure, eg costly retrofitting, that may be required to address a safety concern.

NSW health is currently developing a series of health facility guidelines that specifically incorporates security and OHS considerations at the design phase.

6.10.3 Purchasing and Supply of Goods and Services

Risk assessment and management are vital considerations when choosing goods and services for use in the workplace.

Public health organisations generally source **equipment** from suppliers under contracts negotiated by the Department of Commerce or suppliers under the local contracts established using the NSW Health Peak Purchasing Council's (HPPC) standard tender document. The HPPC 'request for tender' document contains clauses requiring supplier compliance with statutory obligations and specific OHS provisions.

Risk management factors need to be taken into account when obtaining external goods and service.

State Procurement, the authority responsible for establishing and managing both general purpose and health specific state contracts, also includes OHS requirements in its standard tender document.

This includes the requirement for tenderers to identify foreseeable hazards associated with their products and to eliminate or control those risks.

Purchasing products on contract does not absolve public health organisations of their OHS obligations associated with the products purchased.

However, this does not absolve public health organisations of their OHS responsibilities, including the need to ensure that equipment being procured is fit for purpose, appropriate to the environment in which it is to be used, is appropriate to the personnel who will be using it, is used in accordance with supplier/manufacture instructions, and that staff are appropriately trained in its safe use.

Facilities should ensure that their purchasing procedures encompass OHS requirements. This includes provision for risk assessments on equipment (prior to purchase where possible), consultation with employees on equipment selection and trial of equipment prior to purchase.

When obtaining equipment, it is important to take into account the following:

For further information, see the NSW Health Purchase and Supply Manual for Public Health Organisations 1994 as amended and updated.

- Intended use of the equipment
- Mechanics of operating the equipment and training required
- Work system requirements and who will be using the equipment
- Any special features that are required
- Degree of human involvement in the process
- Need for safe work practices and operating procedures
- Where the equipment is to be used or installed
- Maintenance requirements
- Storage requirements
- Additional furniture, fittings and equipment needed to support the purchased item/s
- Standardisation, where appropriate
- Machine guarding requirements
- Manual handling implications
- Any hazards associated with using, storing or disposing of the equipment eg noise, PPE, hazardous substances.

Employers have OHS responsibilities to site contract staff as well as to their own employees.

In relation to the purchase of services and the use of **contractors** on site, employers have the same OHS duty to contractors as they do to their employees. This means that public health organisations must take the same risk management approach to engaging, managing and evaluating contractors as with their own employees.

Contractors include VMOs and people engaged through labour hire companies.

The NSW Health 'Best Practice Guidelines for Including Health and Safety in the Engagement, Management and Evaluation of Contractors in Health Services' (C2001/119) sets out the OHS requirements for contractors.

To gain a contract, contractors must meet a range of OHS obligations.

Before gaining a public health organisation contract, contractors need to:

- Provide appropriate registrations and licences
- Show that work plans, systems, procedures and equipment comply with all relevant OHS legislation, Standards and Codes
- Agree to comply with and actively support all OHS and injury-management policies and procedures
- Show that they have active OHS and injury-management systems in place for their employees
- Provide adequate resources, supervision, inductions and training to do the job safely.

Contractor compliance with OHS standards needs regular monitoring.

In choosing contractors, the key consideration is ability to do the work to a satisfactory standard and in a safe manner. Price and time frames alone should not decide the successful tender. During the course of the contract, there should be active, regular monitoring of compliance with OHS standards. This means maintaining effective communication with the contractor.

6.10.4 Service Delivery in the Community

Health workers in the community face a range of OHS risks.

Delivering health services in the community eg in home care, ambulance services, community health centres etc create significant OHS considerations, particularly in relation to manual handling and personal safety and security.

Health workers working in a client's home should first identify risks.

Community health workers whose workplace may be a client's home should identify possible hazards and risks before the first visit.

Once identified, risks can then be managed through improved work systems and procedures.

In addition to the general risk assessment process, particular issues to consider should include:

- Equipment needs and possible home modifications
- Appropriate lighting, safe access and egress
- Potential for violence from clients or others
- Potentially dangerous pets or presence of smokers
- Timing and location of visit.

For further information, see the following NSW Health documents: Security Manual 2003 (circular 2003/92); Zero Tolerance Response to Violence in the NSW Health Workplace (circular 2003/48) and Policy and Best Practice Guidelines for the Prevention of Manual Handling Incidents in NSW Public Health Services (circular 2001/111).

Once risks are identified, management systems can be put into place to eliminate or minimise their impact.

Management of identified risks may involve:

- Infection control procedures and sharps disposal
- Manual handling or other appropriate equipment
- Prior agreement on smoking conditions
- Vehicle identification measures and electronic tracking
- Communication and personal security systems eg duress alarm
- Negotiated patient treatment agreements
- Travel escorts and phone checks on entry and exit.

Public health organisations should also refer to the NSW Health policies in relation to the management of hazardous substances, infection control and sharps disposal.

It is important that clients receiving care, as well as those around them, understand that they also have responsibilities when entering into care arrangements. It should be emphasised that such responsibilities are to ensure the health and safety of all concerned, and to ensure that the best level of health care can continue to be provided.

Those receiving health care have OHS responsibilities towards health care providers.

Where risks are identified and control measures required, these should be communicated to and negotiated with the health care recipient, and, where relevant, with others such as other carers, family members, visitors and other support networks, prior to the services commencing, as far as possible.

In some cases, a Conditional Treatment Agreement may be necessary (see circular 2003/48).

Responsibilities of patients may include:

- Not smoking while receiving care from NSW Health staff
- Cooperating in safe work practices such as manual handling
- Not harassing, abusing or threatening NSW Health staff.

Clients must support OHS systems designed for the safety of health care staff.

However, it is still the responsibility of public health organisations to anticipate potential situations that might arise leading to risks to staff, and to develop contingency plans to cover such events.

6.11 Incident Management

Circular 2002/19 Effective Incident Response: A Framework for Prevention and Management in the Health Workplace describes incident prevention and management

While prevention should always take priority, procedures for incident reporting and managing unplanned incidents should also be developed and periodically tested. These include a Major Incident Management Program, Post Incident Management Program and an Injury and Claims Management Program. An incident is any unplanned event resulting in, or with the potential to result in, injury, ill health, death, damage or other loss.

After any incident, whether or not there is an injury, the incident should be reported as per local hazard and incident reporting procedures, recorded and investigated, and statistical trends monitored and analysed (see section 6.11.4).

6.11.1 Incident Reporting

There are legal requirements on record keeping in regard to workplace injuries

OHS legislation requires all public health organisations to keep records of injuries. Section 63 of the *NSW Workplace Injury Management and Workers Compensation Act 1998* requires employers to keep a **Register of Injuries**.

For more information, see NSW Health circular 2004/22 'Provision of First Aid Facilities and Personnel.'

Details required to be entered into the Register, as outlined in Form 2, Schedule 1 of the *NSW Workers Compensation Regulation 2003* include name of injured worker, address, age, occupation, industry and operation in which the worker was engaged in at the time of the injury, date, or deemed date, hour and nature of injury, cause of injury and remarks.

Records provide the data to assist with monitoring OHS activities in the workplace.

Australian Standard 1885.1 on Workplace Injury and Disease Reporting, an approved Code of Practice in NSW, also provides useful information on maintaining injury records.

An important part of the reporting and recording process is immediately reporting the incident to the appropriate manager. Staff should be encouraged to promptly report all incidents.

Incidents should be reported promptly, and directly linked to incident investigation, injury management and claims management procedures.

An effective reporting and record keeping system will include:

- Simple internal reporting procedures that are well communicated to all staff
- Direct links with incident investigation, early injury management and claims management procedures
- Documentation relating to the outcomes of investigations and any resulting risk assessment and control strategies
- Legislative and other external reporting requirements.

Documentation is a key part of any workplace incident management system. Appropriate internal data forms the foundation of OHS assessment, legislative compliance and performance monitoring. Information must be collected and stored within appropriate confidentiality guidelines.

6.11.2 External Notification and Reporting

For more information, see NSW Health circular 2003/88 'Reportable Incident Briefs to the Department of Health'.

For more information, see NSW Health circulars 2003/75 'NSW Health Policy and Procedures for Injury Management and Return-to-Work and 2004/26 'WorkCover NSW Reporting Requirements: Occupational Exposures to Blood-Borne Pathogens'.

There are also a number of external reporting and notification requirements that public health organisations are required to meet. These include reports to the Department of Health, WorkCover NSW and the insurer.

NSW Department of Health reporting requirements are covered in NSW Health circular 2003/88 Reportable Incident Briefs to the Department of Health. The circular outlines a system for the prioritisation and notification of incidents to the Department using the Severity Assessment Code. There may also be other reporting requirements eg in relation to a staff member acquiring a communicable disease.

WorkCover NSW reporting requirements are outlined in Section 86 of the OHS Act, with more detailed requirements being outlined in Clause 341 and 344 of the OHS Regulation. In addition, section 44 (2) of the WIMWC Act requires employers to notify their insurer (Treasury Managed Fund) of any work related employee illness or injury ie where compensation is or may be payable.

WorkCover NSW reporting requirements are covered in detail in circulars 2003/75 *NSW Health Policy and Procedures for Injury Management and Return-to-Work* and 2004/26 *WorkCover NSW Reporting Requirements: Occupational Exposures to Blood-borne Pathogens*.

The Annual Reports (Departments) Amendment (OHS) Regulation 1998 requires public health organisations to include a statement relating to OHS performance in their annual report.

6.11.3 Incident Investigation

All incidents should be investigated so their recurrence can be prevented.

An effective incident investigation requires a range of activities.

An effective incident investigation identifies both the cause and potential solutions.

The best way to stop an incident happening again is to investigate why it happened in the first place and to take action to eliminate or control the risks that led up to the incident.

Investigations should be conducted by the supervisor, in consultation with the manager responsible for the area where the incident occurred. Even where the cause seems obvious, an investigation should still take place, because there is rarely a single cause of occupational injury or disease.

Incident investigations should include, where relevant:

- Inspecting the incident site and broader working environment, materials, machinery or equipment involved in the incident
- Reviewing relevant policies and work practices as documented and as performed, to identify differences between the two
- Talking with the injured employee, other witnesses to the event and other stakeholders
- Checking maintenance records and reviewing training records
- Checking whether there have been other similar or related incidents
- Determining the workload and other varying factors at the time of the incident.

An effective incident investigation will identify both the root cause and related factors of an incident and some practical corrective measures that may prevent a recurrence. The manager is responsible for taking appropriate corrective action to her/his level of authority, and should be followed up to ensure that this happens.

Managers may need to obtain higher level approval to ensure appropriate strategies are implemented, for example, gaining authorisation for resources needed to implement control strategies.

6.11.4 Statistical Analysis

Record keeping allows identification of statistical trends in OHS.

Global claims information should be supplemented with specific incident data, to target local intervention and specific injury prevention programs.

Record keeping allows analysis of statistical trends to identify major OHS issues. This data can be used to target local interventions and specific injury prevention programs. Data should be analysed by type, injury, mechanism (cause), occupation, location and time.

Incident data should be compared with claim statistics provided by the TMF. To allow comparison between the two systems, the same codes should be used. The TMF provides information on claims performance across NSW Health as a whole.

The incident to claim ratio is an effective measure of how well an incident reporting system is working. For example, a high ratio of incidents to claims indicates that near-miss incidents and minor injuries are being reported.

6.11.5 Incident Management and Response Procedures

For further information, see NSW Health circular 2002/19 'Effective Incident Response: A Framework for Prevention and Management in the Health Workplace'.

NSW Health policy and detailed guidelines for incident management are contained in the publication *Effective Incident Response: A Framework for Prevention and Management in the Health Workplace* (circular 2002/19). Protocols should be in place for managing major incidents to minimise their impact, and the risk of their recurrence.

Planning for effective incident management should include:

- Systems to quickly identify incidents, allowing early intervention and management
- Procedures to be followed if an incident occurs
- Staff training in managing incidents in their workplace
- Provision of post incident services
- Mechanisms for meeting reporting requirements
- Media management strategies
- A review process.

6.11.6 Injury and Claims Management

For more information on occupational illness and injury management, see NSW Health circular 2003/75 'NSW Health Policy and Procedures for Injury Management and Return-to-Work'.

Injury management combines treatment, rehabilitation, retraining, claims management and employment management practices to facilitate timely, safe and durable return to work after injury.

Detailed guidelines and procedures on claims management, injury management and return-to-work of injured workers is contained in NSW Health circular 2003/75 *NSW Health Policy and Procedures for Injury Management and Return-to-Work*.

Effective claims management is in the interests of all parties as it:

- Supports early injury intervention and management
- Provides regular contact with claimants and claims reviews
- Ensures early notification of the status of claims
- Facilitates prompt compensation payments and timely closure of finalised claims
- Ensures that claims are handled efficiently
- Encourages all parties to agree on a suitable claims management approach
- Encourages early return to work strategies
- Involves key stakeholders, line management, the fund manager, claims staff and injury management/return-to-work staff in the process.

7. Appendices

Appendix 1: Checklist For Chief Executives

		Yes	No
1.	Do you know how your public health organisation is performing on workplace health and safety matters?		
2.	Do you know whether your public health organisation complies with OHS laws and policies?		
3.	Do you know if any prosecution activity by WorkCover is pending?		
4.	Is your workplace safer today than 5 years ago?		
5.	Will your workplace be safer in 5 years than it is now?		
6.	Does your public health organisation have an OHS Policy Statement signed by you?		
7.	Have you set challenging OHS targets?		
8.	Does your management structure reflect the importance of OHS, including stated accountabilities for all levels?		
9.	Are you satisfied that your Executive team members are effectively managing OHS in their area of responsibility?		
10.	Are OHS and injury management matters incorporated into performance agreements and review processes?		
11.	Is the impact of workplace health and safety considered during policy development and planning?		
12.	Do you understand the financial arrangements for workers compensation within your public health organisation, including the structure and timing of deposit premiums, hindsight calculations and payments?		
13.	Are workers compensation costs delegated to cost centres, to reinforce line managerial accountability for workplace safety?		
14.	Have you clearly defined the Safety Improvement Plan and are monitoring processes in place?		
15.	Do you regularly communicate the importance of workplace safety to all levels of staff?		
16.	Are you promptly advised of serious or potentially serious OHS incidents or situations?		
17.	Are there mechanisms in place to encourage sharing of solutions to workplace safety issues?		
18.	Are there effective mechanisms in place for consultation with all key stakeholders regarding OHS?		
19.	Do you know whether WorkCover has issued any Prohibition Notices or Improvement Notices to your public health organisation and whether the Service has complied with them?		
	TOTAL		

